LSTA FY 2003 Interim Report

Library Name:		
Grant Administrator:		Award Amount:
Funding Area:		
FY 20	003 Grant Expenditures Worksheet	
Please incude only LSTA expenditures tha submitted a reimbursement request to the	at are to be reimbursed from LSTA fund	s for which you have not yet
1) Amount invoiced to your library (pa	aid or unpaid) - reimbursement not yet	
requested from the Library of Michiga	an.	
2) Please provide an estimate, if over \$	\$2,000, of any additional amount expect	ed
to be invoiced to your library through		
	FY 2003 Progress Report	
In the space provided, briefly summarize pand objectives. Also, briefly describe what		

Return this completed form no later than September 30, 2003.

Signature



Authorized Official

Dept. of History, Arts and Libraries LSTA Team 702 West Kalamazoo Street PO Box 30007

Date